



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Julie Pena

Email Address: jpena@communityhoward.org

Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$130999765 |
| Outpatient Patient Service Revenue | \$259903522 |
| Total Gross Patient Service Revenue | \$390903287 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$268334971 |
| Other Deductions | \$11897205 |
| Total Deductions | \$280232176 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$110671111 |
| Other Operating Revenue | \$8763701 |
| Total Operating Revenue | \$119434812 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$35538682 | Employee Benefits | \$9936086 |
| Depreciation and Amortization | \$8238656 | Interest Expense | \$1492925 |
| Bad Debt | \$460915 | Other Expenses | \$53596809 |
| Total Operating Expenses | \$109264073 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$10170739 | Total Assets | \$196697063 |
| Net Non-operating Gains over Loss | \$2326959 | Total Liabilities | \$93187169 |

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|-----------------|------------|
| Total Net Gains | \$12497698 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$191097882 | \$155441180 | \$35656702 |
| Medicaid | \$54177660 | \$41424802 | \$12752858 |
| Other Government | \$26032506 | \$21535035 | \$4497471 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$119595239 | \$61831159 | \$57764080 |
| Total | \$390903287 | \$280232176 | \$110671111 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$2934 | \$0 | \$2934 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$47974 | \$-47974 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | 917 |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | |

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| Statement Six: Charity Statement |
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|--------------------------|----------|
| Hospital Charity Charges | \$679910 |
|--------------------------|----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$190046 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$190046 | \$-190046 |
| Medicaid Shortfalls | \$12752858 | \$15143571 | |
| Subtotal | \$12752858 | \$15333617 | \$-2580759 |
| DSH Payments | \$0 | | |
| Subtotal | \$12752858 | \$15333617 | \$-2580759 |
| Medicare Shortfalls | \$35656702 | \$53415087 | |
| Other Government Programs | \$4497471 | \$7276525 | |
| Total | \$52907031 | \$76025229 | \$-23118198 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$328456 | \$-328456 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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